

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

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| <b>Application Number</b>     | 10/658,609              |
| <b>Filing Date</b>            | 09/08/2003              |
| <b>First Named Inventor</b>   | James F. Hainfeld       |
| <b>Title</b>                  | Kit for Detecting ..... |
| <b>Art Unit</b>               | 1657                    |
| <b>Examiner Name</b>          | Ralph Gitomer           |
| <b>Attorney Docket Number</b> | 6270-705.501            |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23874

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE OF Applicant or Assignee of Record**

|                          |                             |                  |              |
|--------------------------|-----------------------------|------------------|--------------|
| <b>Signature</b>         | <i>James F. Hainfeld</i>    | <b>Date</b>      | 4/2/08       |
| <b>Name</b>              | James F. Hainfeld           | <b>Telephone</b> | 631-205-9490 |
| <b>Title and Company</b> | President, Nanoprobes, Inc. |                  |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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